Yes No X		sactions, or liabilities of a spouse or dependent	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?
Yes No		of Official Conduct and certain other "excepted couse, or dependent child?	on standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	TINFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
red and the s" response.	must be answer	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
Yes No X		IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
Yes No X		VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	N <sub>N</sub>	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
Yes No	ceive any he reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	No No	If. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
Yes No X		VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	N <sub>o</sub>	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.  Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
against anyone who files more than 30 days late.	against anyone w 30 days late.	Termination Date:	1 . 7	nnual (May 15)
A \$200 penalty shall be assessed	A \$200 penalty s	r Employing Office:	Officer or	Filer  Member of the U.S. State: N.C.  Status  House of Representatives District: OFS
ACCURATION FOR 4: 49	ACCOUNTS I	202-225-2071 (Daylime Telephone)		Virginia FOXX (Full Name)
THE PECONOS CENTER	THREATTER			
HAND DELIVERED	HAND D	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 408 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

12	7	7	7	7)	7						
For sed 194 country Dew	Lordel 166 Crasta Daco	For sof by County Dew	Kentel 11853 they 105	Wachovia Bh. Boome MC	gage ( boing point them no.	1st Bank of Paducah, KY Accounts	1	SP, Sp Mega Corp. Stock	of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. <b>Exclude:</b> Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded state the name of the business.	BLOCK A  Asset and/or Income Source  Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IHAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
×	X	×	×.	×.	( X	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	ABCDEFGHIJKL	BLOCK B  Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
<i>y</i>		×.	X:	<b>&gt;</b>	>	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: For Example, Partnership Income or	Farm Income)	Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
		~	×	<b>&gt;</b> 2.	<b>&gt;</b>	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
								S (partial)		If only a portion of an asset is sold, please indicate	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in

SUPPLIEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)		Name V ) Y	Virginia toxx	Page of
Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income	BLOCK E Transaction
SP,	A B C D E F G H I J K L	F		
DC,	00 000 000 0,000 00,000			m w
7	\$50,000 \$100,00 \$250,0 \$500,0 \$1,000 - \$5,00 - \$25,0 1 - \$50	)/BLINE	500 5,000 6,000 60,000 60,000 61,000,00	
	one  1 - \$1,000  1,001 - \$  15,001 - \$  100,001 - \$  100,001 - \$  1,000,001  25,000,001  25,000,001  25,000,000  Ver \$50,00  ONE  VIDENDS	ENT TEREST APITAL G XCEPTEL ther Type (Sp.	- \$200 - \$200 - \$1,00 - \$2,001 - \$2,001 - \$5,001 - \$15 - \$6,001 - \$15 - \$6,001 - \$1 - \$6,001 - \$1	
JT Mc Danielas	*		X	
<del>)</del> ,	X		X	
þ	×		X	
OT Verizon	X		× .	
	× ×			
( N	×			
DT First Charter Bank Act	<b>&gt;</b>	NA	×	
Growth FD AM	X	×	X	
SP Growth FD AM	X		X	
SP Lifestyles NYLife (Roth 189)		×		
styles NYL	><	× ×		
IT Van Kompen High Vicle MF	×	×	× ×	
	×		X	
Jt Walgreen	×			P
JT Wachovia	×		×	
JT Mairs Fund	×	X	<b>X</b>	
A.)	×		X,	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X		
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d Hwy 105 Mress				

Continuation Sheet (if needed)

Name Virginia Foxx

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	BLOCK A  Asset and/or Income Source	BLOCK B  Year-End  Value of Asset  of Inc	BLOCK C Type of Income	BLOCK D  Amount of Income	BLOCK E Transaction
SP, DC,		000 T 0000 - 0,000 C		- III III IV V VI VIII IX X X	פר, מי, ח
JT Ç		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,00 \$5,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00 \$25,000,001 - \$50,000,00 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS	Other Type of Income (Specify)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	
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디	11468	X	-		
1 L	Banner Elle, NC		2/2	×	
딕	<u> </u>	X		×	
1 1	ron			×	
믜	1	×,			
9	Home Depot	X			
	NC Def. Comp. Plan			×	Rolled
 	50 - Artisan Trust	Fund			
4	RiversourceAbnuity	X			Rolled
4 -	Kraft (Spinoff of Morris)	× × ×			Ha uras
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7	ameri			>	rolled
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	MFG Total Red				

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None

\$1 - \$1,000

\$1,001 ~ \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

Other Type of Income (Specify)

Over \$50,000,000

NONE **DIVIDENDS** RENT INTEREST CAPITAL GAINS

None

\$1 - \$200 \$201 - \$1,000

\$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000

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BLOCK E Transaction	BLOCK D Amount of Income	BLOCK C Type of Income	BLOCK B Year-End Value of Asset	BLOCK A st and/or Income Source
Page Sof 7	Virginia foxx	Name 🗸 Į	LE III—ASSETS AND "UNEARNED" INCOME on Sheet (if needed)	ILE III — ASSETS AND on Sheet (if needed)

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## SCHEDULE IV— TRANSACTIONS

Name Virginia foxx

Page (2 of

Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.    Date   Date   Date   Mo/DAY/N	Type of Transaction Date  of Transaction Date  Of Transaction Date  (MO/DAY/YR) B Or Quarterly, Monthly, or Bi-weekly, if applicable \$1,001-\$15,000 \$15,001-\$1	Type  of Transaction  PURCHASE  SALE  EXCHANGE  Or  Quarterly, Monthly, or  Bi-weekly, if applicable  \$1,001-\$50,000  \$15,001-\$50,000  \$15,001-\$50,000	Type  of Transaction  PURCHASE  SALE  EXCHANGE  Or  Quarterly, Monthly, or  Bi-weekly, if applicable  \$1,001-\$50,000  \$15,001-\$50,000  \$15,001-\$50,000	Type  of Transaction  PURCHASE  SALE  EXCHANGE  Or  Quarterly, Monthly, or  Bi-weekly, if applicable  \$1,001-\$50,000  \$15,001-\$50,000  \$15,001-\$50,000	Type of Transaction Date   MO/DAY/YR    EXCHANGE   Or   Quarterly,   Monthly, or   Bi-weekly, if   applicable   \$1,001-\$15,000   \$100,001-\$250,000   \$100,001-\$250,000   \$250,001-\$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,0001-\$1
	Date  (MO/DAY/YR) B  Or  Quarterly,  Monthly, or  Bi-weekly, if  applicable  \$1,001- \$15,000 \$15,001- \$15,001- \$15,001-	Date   C   C   C   C   C   C   C   C   C	Date   C   C   C   C   C   C   C   C   C	Date   C   C   C   C   C   C   C   C   C	Date
	\$1,001- \$15,000 <b>w</b> \$15,001-	\$1,001- \$15,000 <b>w</b> × \$15,001- \$50,000 <b>o</b>	\$1,001- \$15,000 <b>w</b> × \$15,001- \$50,000 <b>o</b>	\$1,001- \$15,000 <b>w</b> × \$15,001- \$50,000 <b>o</b>	\$1,001- \$15,000   \$15,001- \$50,000  \$50,001- \$100,000  \$100,001- \$250,000  \$250,001- \$500,000  \$500,001- \$1,000,000  \$1,000,001- \$1,000,000  \$5,000,001- \$5,000,000  \$5,000,001- \$25,000,000  \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,001-

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food?	Member Included? (Y/N)	number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	Z	Z	None
	Aug. 6-11	DC—Los Angeles—Cleveland	~	~	<b>~</b>	2 Days
(	·			<del> </del> -		
Ora.	2/1-2/3	2/1-2/3 DC-Naples, FL, CLT	<	<	7	
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